



Township of Lakewood

MUNICIPAL BUILDING
231 THIRD STREET
LAKEWOOD, NEW JERSEY 08701
732-364-2500 • FAX: 732-905-5991



OFFICE MUNICIPAL MANAGER
Thomas L. Henshaw

VACANCY FOR THE TOWNSHIP OF LAKEWOOD POLICE DEPARTMENT – TRAFFIC SAFETY DIVISION CROSSING GUARDS

There are vacancies for Crossing Guards in the Township of Lakewood Police Department – Traffic Safety Division.

This is a Part-Time position. The starting hourly salary is \$12.75 per hour.

Requirements include, but are not limited to:

- Knowledge of the safety precautions to be taken in the movement and direction of pedestrians at intersections.
- Ability to deal with the public, to remain calm and decisive in emergency situations, and to become familiar with rules and laws pertinent to the work.
- Ability to read, write, speak, understand, and communicate in English sufficiently to perform duties of this position.

Anyone interested must submit an application **by Friday, June 3, 2016** to:

Mr. Thomas Henshaw
Municipal Manager
Township of Lakewood
231 3rd Street
Lakewood, NJ 08701
Fax: (732) 905-5991

An application is attached to this announcement.



APPLICATION FOR EMPLOYMENT



The Township of Lakewood is an Equal Opportunity Employer.

This form has been designed to comply with State & Federal fair employment practice laws prohibiting employment discrimination.

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for Lakewood Township?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Do you possess a valid NJ Driver's License?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION

High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Subjects Studied Degree? YES <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Subjects Studied Degree? YES <input type="checkbox"/>
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Subjects Studied Degree? YES <input type="checkbox"/>

REFERENCES

Please give the names of three (3) persons not related to you, whom you have known at least one (1) year

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

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PREVIOUS EMPLOYMENT LIST BELOW CURRENT AND FORMER EMPLOYERS, STARTING WITH LAST EMPLOYER FIRST

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

GENERAL

Subjects of special study or research work:

DISCLAIMER AND SIGNATURE

I CERTIFY THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I ALSO AM AWARE THAT EMPLOYMENT IS SUBJECT TO A PHYSICAL EXAMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS SUBJECT TO THE RULES AND REGULATIONS OF THE TOWNSHIP OF LAKEWOOD AND NJ CIVIL SERVICE COMMISSION.

Signature	Date
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